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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	13019
Facility Name:	La Palma Intercommunity Hospital
Address:	7901 Walker St.
City:	La Palma
Hospital Owner/Lice	ensee: Prime Healthcare La Palma, LLC
Year of Rep	orting: 2010
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	lress::
Name of Sub	mitter: Puchlik Design Associates
Submission	Date: 1/19/2011 3:57:42 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	. Building Name Alternate Building Address		Building Resolution	Final SPC Rati If Required	ng Extension Date	Anticipated Completion Date
01A	Entrance Canopy	7901 Walker St.	Replace	SPC5	01/01/2013	06/01/2012

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	A Buildi	ng Name: Entrance Canopy		
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 01A	Building Name:	Entrance Canopy		
Medical / Surgical (Include GYN	N) Acute Respirat	tory Care	Acute Psychiatric	
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / G	YN) Burn		Skilled Nursing	
Inpatient 0 Inpatient Days	0 Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Inpatient Days	0 Inpatient C	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care	Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient Days	0 Inpatient 0	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Building	
01A	Entrance Canopy	$\overline{\sqcap}$
02	Perinatal Building Addition	$\overline{\sqcap}$
03	Pool Building	
04	Service Building	
04A	Service Building	
05	Rehabilitation Department Expansion	
06	Patient Room Expansion	Π
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01A I	Building Name:	Entrance Canopy				
Type of Servic	e Provided		_				
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging	WellBaby		3 ,	
	Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration				
	Skilled Nursing						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: 01	Building Na	me: Main Building				
Configuration :	Remove from GAC	Service by	1/1/2030				
Type of Serv	ice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
1 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate	Х	Dietetic	^_	Lineigency		Central Flant
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services

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Building Number:	01A	Building Na	me: Entrance Canopy	У				
Configuration Replace with new		SPC 5 and N	NPC 4 or NPC 5 buildin	g				
Type of Service Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
l I	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	termediate are		Dietetic					
	killed Nursing		Administration		Nuclear Medicine	X	Support Services	

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Building Number:	02	Building Na	me: Perinatal Build	ding Addition			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
1,, 1	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
☐ Int	ermediate		Dietetic		Lineigency		Contrain faint
— Ca	are illed Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	03	Building Na	me: Pool Building			
Configuration :	Retrofit Conformir	g building to	NPC 4 or NPC 5			
Type of Service	e Provided					
N	ursing		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
In	tensiveCare		Anesthesia	Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
1 1 -	bstetrical nte/Postprtum		Pharmaceutical	Emergency		Central Plant
☐ In	termediate		Dietetic	Linergency		Ochila i lant
Ca	are			Nuclear Medicine	X	Support Services
Sł	killed Nursing		Administration			

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Building Number:	04	Building Na	me: Service Building	g			
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	'ediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		_		0 1 151 1
	ntermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				

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Building Number:	04A	Building Nar	me: Service Buildir	ng			
Configuration :	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
_	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	itermediate		Dietetic	_	Lineigeney	_	Contract land
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number: 05 Building Name: Rehabilitation Department Expansion									
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Serv	ice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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Building Numbe	er: 06	Building Na	me: Patient Room E	xpansion		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Serv	rice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 01						
Туре	e of Service Prov	<u>rided</u>					
X	Nursing	Inpatient Beds	105	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	8	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis
X	Psychiatric Nursing	Inpatient Beds	17	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		130				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildiı	ng Number: 02					
Туре	of Service Prov	<u>ided</u>				
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	9	Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building		9			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 03	Buildi	ng Name:	ol Building							
Type of Service Pro	Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 04	Building Number: 04 Building Name: Service Building								
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0	S	urgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Ar	nesthesia					
Pediatric/Adol escent	Inpatient Beds	0	CI	linical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pt	harmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	□ _{Di}	ietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	Ad	dministration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 04/									
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Numbe									
Type of Service	Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Intensive	Care Inpatient Beds	0		Anesthesia					
Pediatric/	'Adol Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis			
Psychiatr Nursing	ic Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrica X Ante/Pos		2		Pharmaceutical	Emergency	Central Plant			
Intermedi Care	iate Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
Skilled No	ursing Inpatient Beds	0		Administration					
Total Bed Building	ds this	2							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildir	ng Number: 06								
Type	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: Data Last Update: 01/17/2011 Submission Date: 01/19/2011 Print Date: 1/20/2011 8:38 AM

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Building Number:	1 Build	ing Name: Mair	n Building		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 105 Bed	Inpatient 9728 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 17	Inpatient 3551 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	nent
Inpatient 4 Bed	Inpatient 1723 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 4 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	130	0

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Building Number:	02 Build	ling Name: Perir	natal Building Addition			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 9 Bed	Inpatient 394 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	9	0	

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Building Number:	3 Build	ing Name: Pool Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care	Acute Psychia	atric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn	Skilled Nursir	g
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate (Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / dev Disabled	elopment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds th Building Per Unit	is Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	0

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Building Number:	4 Build	ing Name: Servi	ice Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04A Bui	Ilding Name: Ser	vice Building		
Medical / Surgical (Ir	clude GYN)	Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05 B u	ilding Name: Reha	abilitation Department Ex	pansion		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0	
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 2 Bed	Inpatient 87 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	:	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0	
Coronary Care		Chemical Dependency		Building Per E	Fotal Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	2	0	

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Building Number:	6 Build	ing Name: Patient R	Room Expansion		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 ays		npatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 lays		npatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 ays		npatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0		npatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days		npatient 0	0	0